PART B - FEE(S) TRANSMITTAL

OCT 1 2 2005	s torm, together with		or Fax	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885		
INSTRUCTIONS: This cappropriate. All further to	should be used for tran	smitting the ISSUE	FEE and PUBLI	CATION FEE (if requi	ired). Blocks I through 5 vill be mailed to the curren	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for		specifying a new o	Note: A certificate of Fee(s) Transmittal. Th	mailing can only be used is certificate cannot be used	for domestic mailings of the for any other accompanying tent or formal drawing, must
SHERIDAN ROS 1560 BROADWA' SUITE 1200		A2 00000016 099	34201	Cer	rtificate of Mailing or Tran	
DENVER, CO 802	02 02 FC:2501 02 FC:1504 03 FC:8001		700.00 OP 300.00 OP 30.00 OP	Christine Christine	Jacquet Jacquet	(Depositor's name) (Signature)
				10/7/0	55. 0	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED IN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/934,201	08/21/2001	Edwin L. Ada		r	7018-23-CIP9	8007
TITLE OF INVENTION: C	OMMUNICATION DEVIC	ES INCORPORATII	NG REDUCED A	REA IMAGING DEVIC	CES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	10/13/2005
EXAMINER		ART UNIT		LASS-SUBCLASS]	
RAO, ANANO SHASHIKANT		2613		348-158000	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TH	E PATENT (print	or type)		
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	•			the patent. If an assigning an assignment. TY and STATE OR COL		document has been filed for
Please check the appropriate 4a. The following fee(s) are	assignee category or catego	<u> </u>	ted on the patent):		orporation or other private g	roup entity Government
Sissue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No s	mall entity discount permitte		Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies Jen (10)		The Director is eposit Account N	hereby authorized by cumber	harge the required fee(s), o	r credit any overpayment, to copy of this form).
	(from status indicated above) _			LL ENTITY status. See 37	
The Director of the USPTO NOTE: The Issue Fee and P		ne Fee and Publication	n Fee (if any) or to			cation identified above. the assignee or other party in
Authorized Signature	JULEL			Date	0/7/05	
Typed or printed name But P. John		hud		Registration	No. 38, 03/	
an application. Confidential submitting the completed a this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	ity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sl inia 22313-1450. DO NOT	122 and 37 CFR 1.1 O. Time will vary do tould be sent to the CSEND FEES OR CC	14. This collection epending upon the Chief Information MPLETED FOR!	is estimated to take 12 individual case. Any conficer, U.S. Patent and MS TO THIS ADDRESS	minutes to complete, includ omments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.